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FACSIMILE COVER SHEET**TO:** Examiner K. Shingles
Group Art Unit 2141**FROM:** Michael K. O'Neill**RE:** U.S. Application No. 09/498,396
Atty. Docket No.: 03650.000140**FAX NO.:** (571) 273-8300**DATE:** July 21, 2006**NO. OF PAGES:** 25
(including cover page)**TIME:** 4:01**SENT BY:** *(Signature)***MESSAGE**

Attached is an Amendment in response to the Office Action dated April
21, 2006.

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the U.S. Patent and Trademark Office on:

July 21, 2006
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

(Signature)
Signature

July 21, 2006
Date of Signature

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JUL 21 2006

In re Application of:

Docket No. 03650.000140

SAEED ANOOSH FAR

Application No.: 09/498,396

Examiner: K. Shingles

Filed: February 4, 2000

Group Art Unit: 2141

For: COMPUTER NETWORK SCANNING

Date: July 21, 2006

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 25	MINUS	** 25	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 7	MINUS	*** 7	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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(Name of Attorney for Applicant)

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July 21, 2006
(Date of Signature)

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

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Form #120

CA_MAIN 117321v1

JUL 21 2006

03650.000140

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: K. Shingles
SAEED ANOOSH FAR)	
	:	Group Art Unit: 2141
Application No.: 09/498,396)	
	:	
Filed: February 4, 2000)	
	:	
For: COMPUTER NETWORK)	
SCANNING	:	July 21, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated April 21, 2006, please amend the
above-identified application, as follows:

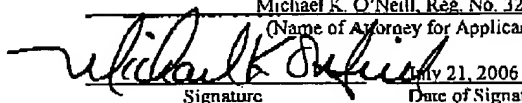
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(Name of Attorney for Applicant)



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